



# Body Art Technician Individual Registration Application

## For office use only

Application date \_\_\_\_\_ Photo number \_\_\_\_\_ Picked up \_\_\_\_\_  
Photo date \_\_\_\_\_ Mailed \_\_\_\_\_ Called \_\_\_\_\_

## Section 1: Applicant

To be completed by applicant only.

1. Type of applicant       Technician       Temporary technician  
                                 Guest artist       Apprentice
2. Establishment where employed \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_
- Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Full middle \_\_\_\_\_ Maiden name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_
- Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_
5. Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_
6. Address(es) at which you have lived during the preceding five years.

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Are you a U.S. citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.       Yes       No
8. Have you ever used or been known by a name or names other than the name given above? If yes, list such name(s) and information concerning dates and places used.

\_\_\_\_\_

9. Employers for the preceding five years. Include name, address and dates of employment.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Continue to page 2

**Documentation needed**

- 10. Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? If yes, provide the time, place and offense. A criminal conviction will not necessarily be grounds for denial.**

Yes       No

- 11. Have you had a registration or license for body art revoked or denied by any governmental body within the last three (3) years? If yes, provide dates, place and offense.**

Yes       No

- 12. Attach:**
1. Current proof of successful completion of an approved course on blood borne pathogens and prevention of disease transmission.
  2. Proof of training and experience.
  3. Apprentice artist shall include a letter from their City of Bloomington licensed body art technician sponsor.

**Notice**

**Note:** A photo ID card will be issued to each Body Art Technician  
All applicants **must apply in person** at the Licensing Section so that an ID photo can be taken.

The data on this form will be used to approve your registration. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your registration if you do not provide it.

I have received from the City of Bloomington a copy of the *Body Art Ordinance, Chapter 14* of the *City Code*, and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a registration unless the conviction is directly related to the occupation for which the registration is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the registration.

The information I have provided on this application is truthful. I authorize the City of Bloomington to investigate the information and contact persons/organizations named on this application.

X

*Applicant signature*